



MEDICARE SUPPLEMENT RATES

MINNESOTA

Effective August 2016

*Basic Plan - CLIMSP10BP
Basic Plan Riders - PADR10, PBECR10, PHSR10,
PBDR10*

*Extended Basic Plan - CLIMSP10EB
High Deductible Plan - CLIMSP10HD
CoPayment Plan - CLIMSP10CP*

Application Form CLIMS01069MN

**Continental Life Insurance Company
of Brentwood, Tennessee**
An Aetna Company

To use the Mobile Rate Quote tool,
scan the QR code below with your
smartphone (iPhone or Android).



Continental Life Insurance Company
of Brentwood, Tennessee
An Aetna Company
800 264.4000
aetnaseniorproducts.com

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BASIC PLAN

ISSUE AGE	BASIC PLAN	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		1,771.00	147.52	2,001	166.68

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART A DEDUCTIBLE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		421	35.07	477	39.73

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART B DEDUCTIBLE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		166	13.83	166	13.83

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PREVENTIVE CARE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		65	5.41	72	6.00

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART B EXCESS RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		87	7.25	97	8.08

To determine the initial annual or monthly premium for the basic plan plus riders, start with the "Basic Plan" rate and add the rate for the other optional riders selected. Then add the policy fee. Refer to the outline of coverage for quarterly or semi-annual premium calculations.

HIGH DEDUCTIBLE PLAN

ISSUE AGE	PLAN HD	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		875	72.89	989	82.38

COPAYMENT PLAN

ISSUE AGE	PLAN CP	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		1,782	148.44	2,013	167.68

EXTENDED BASIC PLAN

ISSUE AGE	PLAN EB	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,359	196.50	2,666	222.08

COMBO 1*

ISSUE AGE	C1	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,510	209.08	2,813	234.32

* Base Plan + Part A + Part B + Preventive + Excess

COMBO 2**

ISSUE AGE	C2	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,344	195.26	2,647	220.50

** Base Plan + Part A + Preventive + Excess

COMBO 3***

ISSUE AGE	C3	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,257	188.01	2,550	212.42

*** Base Plan + Part A + Preventive

EFFECTIVE DATE

The effective date must be on or after the date of the application. If an existing Medicare Supplement policy is being replaced, the date must coordinate with the expiration date of the existing policy.

An application must be received in the Home Office within 30 calendar days from the date of signature.

Applications submitted by E-Application result in faster service. E-Applications must have first premium deducted by monthly EFT. Changes to payment mode can be made after the first premium has been drafted by contacting Policyholder Services.

Applications with a live check must be mailed and not faxed.

PAYMENT MODES

Semi-Annual..... Annual x .52
 Quarterly Annual x .265
 Monthly Electronic Funds Transfer (EFT) Annual x .0833

CALCULATING RATES

Use this rate guide to quote rates. When using the Outline of Coverage, multiply the appropriate base rate and the rating area factor (if applicable); round the result to the nearest whole dollar. Then, multiply by the mode factor; round the result to the nearest cent. If there is no rating area factor, then multiply the rate and the mode factor; round the result to the nearest cent.

- All Plans: A one time only \$20 policy fee required at time of application
- Tobacco users use standard rates
- Non-tobacco users use preferred rates
- OE and GI use preferred rates
- 12-month rate guarantee

Refer to the Field Guide and Drug List for important underwriting information.

Need Help?

Contact the Agent Services team at 800 264.4000, or go to aetnaseniorproducts.com (agent side).